

PAF

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT KNOXVILLE**

FILED

2010 JUL 19 P 12:29

U.S. DISTRICT COURT
EASTERN DIST. TENN.

BY _____ DEPT. CLERK

Donnie James Vinson

Plaintiff (Deceased)

v.

**Campbell County Sheriff's Department,
et al.**

Defendants

No. 3:08-CV-512

(Phillips/Guyton)

**MOTION BY NONRESIDENT ATTORNEY FOR ADMISSION TO PRACTICE
ONLY IN THE CAPTIONED CASE, AND ONLY FOR THE PURPOSE OF SEEKING TO
VACATE THE COURT'S DISMISSAL OF THIS CASE**

The undersigned, in support of his motion to appear before this Court for the sole purpose of seeking to vacate the Court's dismissal of this case, states as follows:

1. I am counsel for Margaret S. Pierson ("Ms. Pierson"), a United States citizen and a resident of the State of Florida.
2. Ms. Pierson is the next-of-kin of the Plaintiff / Decedent, Donnie James Vinson ("Mr. Vinson").
3. The Plaintiff / Decedent, Mr. Vinson died on March 26, 2010, in the Hulen Community of Bell County, Kentucky, as is evidenced by the attached Certificate of Death.
4. Ms. Pierson has not yet qualified as Personal Representative for the Estate of Mr. Vinson, and therefore has no legal standing at this point to (a) substitute as the party plaintiff for Mr. Vinson, nor (b) to prosecute this action on behalf of Mr. Vinson's estate.
5. The reasons for the delay in having Ms. Pierson appointed Personal Representative for

Mr. Vinson are manifest. They include: her physical inability to travel more than a minimal amount, due to hip surgery shortly after Mr. Vinson's death; the necessity to seek amendment of the Certificate of Death, the original of which was incorrect in many respects, including the date of death, the place of injury, the place of death, and the cause of death.

6. While not necessarily germane to the claims made in this case, the amendments to the Certificate of Death leave open the possibility that Mr. Vinson's death was not the result of his own actions, nor was it accidental.

7. As the attached Certificate of Death plainly shows, the certificate was not amended until June 10, 2010.

8. Ms. Pierson's counsel was not able to obtain a copy of the amended Certificate of Death from the Office of Vital Statistics of the Commonwealth of Kentucky until June 23, 2010, and Mr. Pierson has thus far been unsuccessful in obtaining an amended copy of the Certificate of Death.

9. Without the corrected copy of the Certificate of Death, Ms. Pierson has not yet been able to qualify as Personal Representative of Mr. Vinson's Estate.

10. Now that the corrected Certificate of Death has been made available to Ms. Pierson, she intends to take the necessary actions to qualify as Personal Representative of Mr. Vinson's estate as soon as her travel restrictions allow her to do so.

11. Given the foregoing, the undersigned, admitted to practice in the States of Delaware (active) and Indiana (inactive) , as well as the Commonwealth of Kentucky (active) moves this court for leave to practice only in this case and only for the purpose of asking the Court to vacate its motion dismissing this case.

Edward K. Black
37 Longview Drive
Elkton, Maryland 21921
410-441-1441
410-996-9538 (fax (occasionally))
esblack@comcast.net
Delaware Bar # 05302
Kentucky Bar # 05306
Indiana Bar 22-19647


VERIFICATION

Commonwealth of Kentucky)
)
County of Jefferson) ss.

I, Margaret Pierson, of 12065 Formosa Court, Brooksville, Florida 34613-5540, being duly sworn, depose and say that I am the Next-of-Kin of the Plaintiff in the foregoing action, and know the contents thereof, and that the same is true of my own knowledge, except as to those matters and things stated upon information and belief, and as to those I believe them to be true.

Margaret S. Pierson

Subscribed and sworn to before me on July 16, 2010.

 Alex Jovtaric Notary ID 404124
Notary Public, State at Large
My Commission Expires: September 4, 2013

CERTIFICATE OF MOTION

A copy of the foregoing motion and attached order was sent to Rhonda L. Bradshaw, Spicer, Flynn & Rudstrom, First Tennessee Tower, Suite 1400, 800 South Gay Street, Knoxville, Tennessee 37929.


Edward K. Black

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

2745412

COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH & FAMILY SERVICES REGISTRAR OF VITAL STATISTICS CERTIFICATE OF DEATH

116 2010 10615

FORM VS NO. 1-A amended 6/10/10 akc
(REV. 7/08)

MUST BE
TYPED

IDENTIFY

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF
DEATH

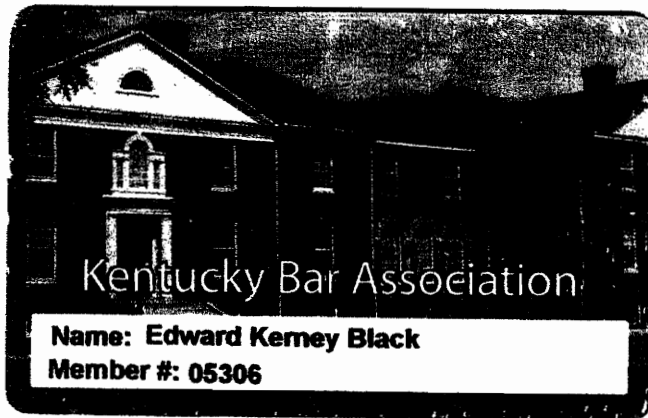
REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Donnie James Vinson				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 26, 2010	
4. SOCIAL SECURITY NUMBER 403-86-6072		5a. AGE Last Birthday (Years) 53		5b. UNDER 1 YEAR (Months) (Days) (Hours) (Minutes)		5c. UNDER 1 DAY (Hours) (Minutes)	
6. DATE OF BIRTH (Month, Day, Year) April 28, 1956				7. BIRTHPLACE (City/State or Foreign Country) Lakeland, FL 408			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) Harlan ARH Hospital 06				11. CITY, TOWN, OR LOCATION OF DEATH Harlan		12. COUNTY OF DEATH Harlan 048	
13a. MARITAL STATUS Never Married		13b. SURVIVING SPOUSE (If wife, give maiden name)		13c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Design Specialist		13d. KIND OF BUSINESS/INDUSTRY Retail Floral	
13e. RESIDENCE - State Kentucky		13f. COUNTY Harlan 048		13g. CITY, TOWN, OR LOCATION Wallins Creek		13h. STREET AND NUMBER 660 Banner Fork Road	
13i. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13j. ZIP CODE 40873		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. RACE - American Indian, Black, White, etc. (Specify) White 1	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17 5+				17. FATHER'S NAME (First, Middle, Last) Donnie James Vinson, Sr.			
18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Shaw Pierson				19a. INFORMANT'S NAME Margaret Pierson			
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Zip Code) 12065 Formosa Street, Brooksville, FL 34613				20a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) The Directors Cremation				20c. LOCATION (City, Town, or State) Pineville, KY			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>Philip Blanchi</i>		DATE SIGNED (Month, Day, Year) 04/20/2010		22. NAME AND ADDRESS OF FACILITY Harlan Funeral Home P.O. Box 449 - Harlan, KY 40831			
23a. Signature and Title (Must Use Blue/Black Ink) <i>Philip Blanchi</i>		23b. DATE SIGNED (Month, Day, Year) 04/20/2010		23c. DATE SIGNED (Month, Day, Year) 04/20/2010			
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) Philip Blanchi, Coroner P.O. Box 148 Harlan, KY 40831							
25. TIME OF DEATH Pron. 9:15 am		26. DATE PRONOUNCED DEAD (Month, Day, Year) 03/26/2010		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28. PART I. Enter the disease, injuries, or complications that caused death. Do not enter the mode of entry, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. NOTE: Kentucky data indicate that diabetes is likely underreported on death certificates. If known, document diabetes as a "cause of" or "contributing cause of" death as appropriate in Parts I and II. Acute Combined Drug Toxicity							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) (Oxycodone, Hydrocodone, Ethanol, Alprazolam)							
b. DUE TO (OR AS A CONSEQUENCE OF)							
c. DUE TO (OR AS A CONSEQUENCE OF)							
d. DUE TO (OR AS A CONSEQUENCE OF)							
e. DUE TO (OR AS A CONSEQUENCE OF)							
PART II. Other significant conditions contributed to death but not resulting in the underlying Morbid Obesity; Hypertensive and Atherosclerotic Cardiovascular Disease							
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		30a. DATE OF INJURY (Month, Day, Year) Found 3/26/10		30b. TIME OF INJURY Found 9:00 am		30c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30d. PLACE OF INJURY - At home, farm, street, workplace, etc. (Specify) ANOTHER'S RESIDENCE		30e. LOCATION (Street and Number or Rural Route Number, City or Town) Unknown - Riding in car on roadways of Harlan County		30f. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
31. REGISTRAR'S SIGNATURE <i>Paul F. Royce</i>				32. DATE FILED (Month, Day, Year) APR 23 2010			



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 15th day of June, 2010.



018942
CONTROL NO.

2009-2010 SUPREME COURT OF INDIANA
CERTIFICATE OF GOOD STANDING
This certifies that

EDWARD KERNEY BLACK

has paid the annual registration fee, due October 1, 2009, required by Admission and discipline rule 2 of this Court. This card certifies this attorney is a member of the Bar of this State in good standing. This attorney's bar status is:

☐ ACTIVE

☒ INACTIVE

See reverse for explanation of bar status.

Attorney # 19647 -22-

SIGNATURE OF MEMBER



Kevin A. Smith

